SOS APA Form 001 Mississippi Secretary of State

700 North Street P. O. Box 136, Jackson, MS 39205-0136

ADMINISTRATIVE PROCEDURES NOTICE FILING

DDBSS: 750 North State Street EMAIL SUBMIT DATE Name or number of nulle(s): Title 18: Part 6: Chapter 1: Section C, 7922/13 Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: Adopted with changes to the amended existing rule(s) for MDHS Title 18: Part 6: PCS Administration. Specific legal authority authorizing the promulgation of rule: MIss. Code ann. 43-15-13; 43-15-6 List all rules repealed: amended, or suspended by the proposed rule: MIA ORAL PROCEEDING: An oral proceeding is scheduled for this rule on Date: Time: Presently, an oral proceeding is not scheduled on this rule. If an onal proceeding is interested to a surple proceeding is submitted by a political submission, an agency that notice of proposed rule adoption and should called the name, address, enail address, and stephenon number of the parts of parts of the parts of proposed rule adoption and should called the name, address, enail address, and stephenon number of rule parts or parts of the parts of proposed rule adoption and should include the name, address, enail address, and stephenon number of rule parts or parts of the parts of proposed rule adoption and should include the name, address, enail address, and stephenon number of the parts of parts of the parts of proposed rule and the parts of parts of the parts of the parts of	AGENCY NAME: MS Department of Human Services		CONTACT PERSON: Earl Scales	TELEPHONE NUMBER: 601-359-4237		
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Specific legal authority authorizing the promulgation of rule: Miss. Code ann. 43-15-13; 43-15-6 List all rules repealed, amended, or suspended by the proposed rule: Miss. ORAL PROCEDING: An oral proceeding is scheduled for this rule on Date: Time: Place: An oral proceeding is not scheduled on this rule. If an oral proceeding is not scheduled on this rule on Date: Time: Place: If an oral proceeding is not scheduled and proceeding must be held if a written request for an oral proceeding is submitted by a political subdivision, an agency or ten (10) or more persons. The written request should be submitted to the agency coatscl person at the above address within twenty (20) day subtree of proposed rule address, and telephone number of the person mustbe of the person and, if you are an agent or attorney, the name, address, email address, and telephone number of the person mustbe or the person of the party or parties you represent. At any time within the twenty-five (25) day public comment period, written submissions including arguments, data, and views on the proposed rule/amendment/repeal may be submitted to the filling agency. ECONOMIC IMPACT STATEMENT: X Economic impact statement not required for this rule. Original filling Renewal of effectiveness New rule(s) Action proposed: New rule(s) Action proposed: Adopted with changes and proposed in text Adopted with changes and proposed in text Adopted by reference Withdrawn Repeal adopted as proposed Effective date: 30 days after filling Other (specify): Do Not Write Below This Line OFFICIAL FILING STAMP OFFICIAL FILING STAMP OFFICIAL FILING STAMP OFFICIAL FILING STAMP Accepted for filling by Accepted for filling by				nent/repeal: A	dopted with changes to	
ORAL PROCEEDING: An oral proceeding is scheduled for this rule on Date: Time: Place:				43-15-6		
An oral proceeding is scheduled for this rule on Date:Time:Place:		l, or suspended by th	e proposed rule: <u>N/A</u>			
Presently, an oral proceeding is not schedule, and oral proceeding is submitted by a political subdivision, an agency or ten (10) or more persons. The written request submitted to the agency contact person at the above address within them? (20) days after the filling of this notice of proposed rule adoption and should include the annex, address, and address, and eldephone number of the person() making the request; and, if you are an agent or attorner, the name, address, email address, and relephone number of the person() making the request; and, if you are an agent or attorner, the name, address, email address, and relephone number of the person() making the request; and, if you are an agent or attorner, the name, address, email address, and views on the proposed rule/amendment/repeal may be submitted to the filling agency. ECONOMIC IMPACT STATEMENT:			Control of the Contro			
Concise summary of economic impact statement attached. TEMPORARY RULES	X Presently, an oral proce If an oral proceeding is not scheduled, an or ten (10) or more persons. The writter this notice of proposed rule adoption an are an agent or attorney, the name, add day public comment period, written sub-	eding is not schedu noral proceeding must be it n request should be submit d should include the name, ress, email address, and tel	aled on this rule. neld if a written request for an oral proceedin ted to the agency contact person at the abov. address, email address, and telephone numb ephone number of the party or parties you re	g is submitted by e address within to per of the person(s epresent. At any to	a political subdivision, an agency wenty (20) days after the filing of s) making the request; and, if you ime within the twenty-five (25)	
TEMPORARY RULES Original filing Renewal of effectiveness To be in effect in days Effective date: Immediately upon filing Other (specify): Printed name and Title of person authorized to file rules: OFFICIAL FILING STAMP PROPOSED ACTION ON RULES Action proposed: Action proposed: Action proposed: Action proposed: Action proposed: Adopted with no changes in text X Adopted with changes and preference Withdrawn Repeal adopted as proposed Effective date: 30 days after filing Other (specify): State of the rules: Printed name and Title of person authorized to file rules: OFFICIAL FILING STAMP POFFICIAL FILING STAMP OFFICIAL FILING STAMP Accepted for filing by						
Original fillingRenewal of effectiveness To be in effect indays Effective date:Immediately upon filingOther (specify): Printed name and Title of person authorized to file rules:Asst. Attorney General Signature of person authorized to file rules:Accepted for filling by Accepted for filling by Accepted for filling by Accepted for filling by Accepted for filling by Date Proposed Rule Filed:Adopted	X Economic impact statement not required for this rule. Concise summary of economic impact statement attached.					
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OFFICIAL FILING STAMP Accepted for filing by Accepted for filing by	Signature of person authorized to file rules: M. Joo Go 1/22/2013					
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